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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|--------------------|----------------------------------|----------------------|---------------------|------------------|
| 09/476,935 | 12/30/1999 | Brian A. Weston | 336001-2047 | 8513 |
| | 7590 04/04/200 AWRENCE & HAUG | 8 | EXAMINER | |
| | ENUE- 10TH FL. | | AKINTOLA, OLABODE | |
| NEW YORK, NY 10151 | | | ART UNIT | PAPER NUMBER |
| | | | 3691 | |
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

THELEN REID BROWN RAYSMAN & STEINER, LLP 900 THIRD AVENUE NEW YORK, NY 10022

Appeal No: 2007-3389

Appellant: Brian A. Weston et al.

Application No: 09/476,935

Hearing Room: B Hearing Docket: B

Hearing Date: Tuesday, May 13, 2008

Hearing Time: 09:00 AM

Location: Madison Building - East Wing

600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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| In all communications relating to this appeal, please identify the appeal by its number. | | | | | | | |
|--|------|------------------|--|--|--|--|--|
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| Signature of Attorney/Agent/Appellant | Date | Registration No. | | | | | |
| Names of other visitors expected to accompany counsel: | | | | | | | |
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